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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 1787

SERIAL NUMBER 10/796,719	FILING OR 371(c) DATE 03/09/2004 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 14184-043001
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/766,735 01/28/2004
 which claims benefit of 60/443,098 01/28/2003
 and claims benefit of 60/471,288 05/15/2003
 and claims benefit of 60/519,460 11/12/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 07/13/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 28
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26161

TITLE

METHODS AND COMPOSITIONS FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS

FILING FEE RECEIVED 3515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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